

U.S. DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Robert W. Johnson,
Plaintiff.

V.

Pfizer, et al.,
Defendants.

Docket No.
Jury Trial Demand: Yes.
IFP FORM & MOTION

19 CV 8249

I, Robert W. Johnson, am the Plaintiff/
Petitioner in the above-entitled case & hereby
request the Courts permission to proceed in forma
pauperis.

In support of my motion to proceed without
being required to prepay fees, costs or give
security therefor, I state that because of
my poverty I am unable to pay the costs of
this action or to give security therefor &
that I believe I am entitled to redress.
I further declare that the responses which I
have made in this affirmation below are true.

I am not presently employed.

Monthly Wage is \$0.

Last date of employment 10/29/12.

No spouse. ; No money received in last (12) months.

I do not own a business, profession or self-employment.

I have no rent payments, interests or dividends.

No pensions, annuities, disabilities or life insurances.

No gifts or inheritances. ; No child support.

No government benefits.

No money from friends, relatives or other sources.

I am a poor person who qualifies for IFP status.

No total gross income \$ 0.

No money on-hand. ; No checking accounts.

I am not an inmate.

I do not own real estate, stocks, bonds, notes, automobiles or other valuable property.

No rent, mortgage : \$ 0. ; Food : \$ 0. ; Other Expenses : \$ 0.

No other people in household.

I have no dependents.

I have not been adjudicated bankrupt in past (10) years.

I declare under penalty of perjury, the foregoing is true & correct.

August 21, 2019

Robert W. Johnson
Robert W. Johnson
3345 FISH AVE.
APT. 1
BRONX, NY 10469

CERTIFICATE OF SERVICE

I, Robert W. Johnson, the Plaintiff certify that on August 21, 2019 I served a copy of ^{IFP Motion} Civil Cover Sheet & Complaint via U.S. Mail to the following :

1. Court Clerk
U.S. Courthouse
500 Pearl St.
New York, NY 10007

August 21, 2019

Robert W. Johnson
Robert W. Johnson
3345 FISH AVE. : APT. 1
BRONX, NY 10469

AMSC LLC
Rx RECONCILIATION
Procedure(s):

 NJX ANES&/STRD W/IMG TFRML EDRL
 LMBR/SAC 1 LVL, NJX ANES&/STRD W/IMG
 TFRML EDRL LMBR/SAC EA LV

 Patient Name: **Johnson, Robert**
 Patient ID: **850**
 Exam Date: **1/9/2018**
 Account#: **31579**

| | | |
|-------------------------------------|------------------------|-------------------------------|
| Exam Date: 1/9/2018 | Patient ID: 850 | Doctor: Marini, Robert |
| Patient Name: Robert Johnson | DOB: 02/26/1984 | Gender: Male |

Pre-Procedure / Active Medications

Naproxen 500mg

Confirmed 1/9/2018

Discharge Comment

Continue as prescribed

RX RECONCILIATION

The medications listed above in the Current Medications area are the medications you were taking prior to this procedure.

Contact prescribing MD regarding continued use of all prescribed medications?

Any additional instructions? **NO**

Source of medication information: **Patient / Guardian verbal statements**

Medication reconciliation given to patient? **YES**

The medications listed below in the Discharge Medications area are the medications you should be taking after discharge.

Discharge Medications**Discharge Medications From Pre-Procedure / Active Medications****Discharge Comment**

No Discharge Medications

Provider Signatures

TREMONT PHARMACY & SURGICAL SUPPLY
 Kingdom Rx Corp DEA # FK2336128
 3131 E. Tremont Ave.
 Bronx, NY 10461
Ph. (718) 822-5900
FREE DELIVERY

JOHNSON, ROBERT
 840 EDISON AVE #BSMNT (347)398-9740
 BRONX NY 10461
 Rx#: 218625 Date Filled: 11/13/2017
 NAPROXEN SR TAB 500MG
 NDC: 47781-0154-75
 Dr. KYLE OTTO
 Refills: 1

Qty: 60
 Days: 30
 Plan: CSIF

Due : \$0.00

**** THANK YOU ****
 YOUR FRIENDLY NEIGHBORHOOD PHARMACY


 You may report side effects
 to FDA at 1-800-FDA-1088.

TREMONT PHARMACY & SURGICAL SUPPLY
 Kingdom Rx Corp DEA # FK2336128
 3131 E. Tremont Ave.
 Bronx, NY 10461
Ph. (718) 822-5900
FREE DELIVERY

JOHNSON, ROBERT
 840 EDISON AVE #BSMNT (347)398-9740
 BRONX NY 10461
 Rx#: 223578 Date Filled: 11/10/2017
 TRAMADOL ER CAP 150MG
 NDC: 69467-1001-01
 Dr. KYLE OTTO
 Refills: 0

Qty: 30
 Days: 30
 Plan: CSIF

Due : \$0.00

**** THANK YOU ****
 YOUR FRIENDLY NEIGHBORHOOD PHARMACY


 You may report side effects
 to FDA at 1-800-FDA-1088.


TREMONT PHARMACY & SURGICAL SUPPLY
 Kingdom Rx Corp DEA # FK2336128
 3131 E. Tremont Ave.
 Bronx, NY 10461
Ph. (718) 822-5900
FREE DELIVERY

JOHNSON, ROBERT
 840 EDISON AVE #BSMNT (347)398-9740
 BRONX NY 10461
 Rx#: 218624 Date Filled: 11/13/2017
 DICLOFENAC SOL 1.5%
 NDC: 59088-0372-10
 Dr. KYLE OTTO
 Refills: 1

Qty: 150
 Days: 30
 Plan: CSIF

Due : \$0.00

**** THANK YOU ****
 YOUR FRIENDLY NEIGHBORHOOD PHARMACY


 You may report side effects
 to FDA at 1-800-FDA-1088.

TREMONT PHARMACY & SURGICAL SUPPLY
 Kingdom Rx Corp DEA # FK2336128
 3131 E. Tremont Ave.
 Bronx, NY 10461
Ph. (718) 822-5900
FREE DELIVERY

JOHNSON, ROBERT
 840 EDISON AVE #BSMNT (347)398-9740
 BRONX NY 10461
 Rx#: 218626 Date Filled: 11/13/2017
 LIDOCAINE PATCH 5%
 NDC: 59088-0396-54
 Dr. KYLE OTTO
 Refills: 1

Qty: 90
 Days: 30
 Plan: CSIF

Due : \$0.00

**** THANK YOU ****
 YOUR FRIENDLY NEIGHBORHOOD PHARMACY


 You may report side effects
 to FDA at 1-800-FDA-1088.

SECURITY DRUGS PHONE 654-6974
DEG SECURITY DRUGS, INC. DEA NO. 836173339 FAX 882-4648
3419 BOSTON POST RD. COR. FISH AVENUE, BRONX, NY 10469

Rx #: 6962278 NG/ Date Filled: 06-13-19
JOHNSON, ROBERT
1176 EAST 215TH STREET APT 1A BRONX NY 10469
**1 (ONE) TABLET TWO TIMES
DAILY, AS NEEDED FOR PAIN,
AFTER MEAL**

IBUPROFEN TABS 600 MG ASC
Generic for IBUPROFEN 600 MG TABLET ASCEND L-8
Qty: 60 Refills: 0 06-13-19
Dr. KIM, TAESOO Plan: AP1

Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed.

Take This Medicine With A
Snack Or Small Meal If
Stomach Upset Occurs

SECURITY DRUGS PHONE 654-6974
DEG SECURITY DRUGS, INC. DEA NO. 836173339 FAX 882-4648
3419 BOSTON POST RD. COR. FISH AVENUE, BRONX, NY 10469

Rx #: 6962277 NG/ Date Filled: 06-13-19
JOHNSON, ROBERT
1176 EAST 215TH STREET APT 1A BRONX NY 10469
1 (ONE) CAPSULE AT BEDTIME

GABAPENTIN CAPS 300 MG ASC
Generic for NEURONTIN 300MG CAPSULE
Qty: 30 Refills: 0 06-13-19
Dr. KIM, TAESOO Plan: AP1

Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed.

SECURITY DRUGS
 3419 BOSTON POST RD. COR. 155th AVENUE, BRONX, NY 10469
 (CORNER FISH AVENUE, BRONX, NY 10469)

Save This Receipt. It Is Your Official Record For Tax
 Or Insurance Purposes.

SECURITY DRUGS PHONE 654-6974
 3419 BOSTON POST RD. COR. 155th AVENUE, BRONX, NY 10469
 882-4549

Rx #: 6962277 06-13-19 Pharm: AP1

Name: JOHNSON, ROBERT

Address: 1176 EAST 215TH STREET, APT 1
 BRONX, NY 10469

Phone: 329-225-5871

CARD NUMBER: 0445 500 MC ASC

EXP: 07/2023-06

LOT: 176000

06-13-19

Total Due: \$0.00

SECURITY DRUGS PHONE 654-6974
 3419 BOSTON POST RD. COR. 155th AVENUE, BRONX, NY 10469
 882-4549

Rx #: 6962278 06-13-19 Pharm: AP1

Name: JOHNSON, ROBERT

Address: 1176 EAST 215TH STREET, APT 1
 BRONX, NY 10469

Phone: 329-225-5871

CARD NUMBER: 0445 500 MC ASC

EXP: 07/2023-06

LOT: 176000

Total Due: \$1.00

SECURITY DRUGS

"MORE THAN JUST A DRUG STORE"

3419 BOSTON POST RD., BRONX, NY 10469

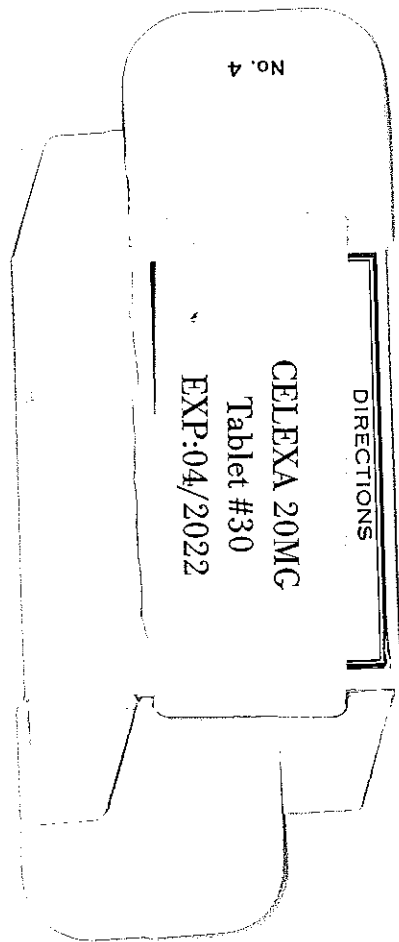
(CORNER FISH AVENUE)

PHONE (718) 654-6974 - 654-6977

www.securitydrugs.com

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- Cough Medicines
- Cotton
- Dental Floss
- Deodorants
- Deodorants
- Disposable Diapers
- Elastic Hair Pins
- Elastic Socks
- Eye Preparations
- Head Creams
- Fever Thermometers
- Foot Care Products
- Fountain Syringes
- Gauze
- Hair Brush & Comb
- Hair Care Products
- Hand Creams & Lotion
- Hot Water Bottles
- Laxatives
- Lipsticks
- Mouth Wash
- Nail Polish
- Nose Drops & Sprays
- Penicillin
- Petroleum Jelly
- Photo Supplies
- Razor Blades
- Rubber Gloves
- Rubbing Alcohol
- Sanitary Napkins
- Shampoo
- Shaving Supplies
- Sugar Substitutes
- Suppositories
- Talcum Powder
- Toilet Water
- Tooth Brushes
- Tooth Pastes
- Vaporizers
- Vitamins
- Witch Hazel

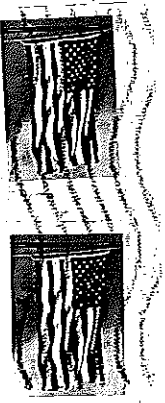


ROBERT W. JOHNSON
3345 FISH AVE.
APT. 1
BRONX, NY

2019 SEP 04 PM 3:55

2019 SEP 04 PM 1:41

FOREVER / USA FOREVER / USA



COURT CLERK
U.S. COURTHOUSE
500 PEARL ST.
NEW YORK, NY 10007

10007-131608

